G E T
GUARANTEED EDUCATION TUITION™

OFF-CAMPUS HOUSING REIMBURSEMENT REQUEST FORM

Student Name

Social Security Number

GET Account Number

Total Amount Requested

I certify that this reimbursement request is for qualified educational expenses as defined by Internal Revenue Code, Section 529. This section requires that the costs of room and board are for the designated beneficiary during an academic period during which the designated beneficiary is enrolled at least half time in a degree, certificate, or other program that leads to a recognized educational credential awarded by an eligible educational institution.

Signature of Student/Purchaser   **Printed name of Student/Purchaser**   **Date**

Reimbursement for Off-Campus Housing will not be authorized without a copy of the lease/rental agreement or similar documentation, which includes the student's name and signature and copies of documentation indicating the expense, has been paid. This documentation must accompany this reimbursement request. Requests for reimbursement should not exceed the balance remaining in the beneficiary's GET account for the academic year of the request.

Per IRS Code, Section 529 Regulations, room and board reimbursement shall not exceed:

OFF-CAMPUS
- **$1,500** - designated beneficiary residing at home with parents or guardians
- **$2,500** - designated beneficiaries living off-campus (not with parents or guardians)

ON-CAMPUS (owned or operated by the institution)
- Reimbursement shall not exceed the amount normally assessed most residents for room and board at that institution of higher education. The student must check with the specific institution to determine this amount.

Reimbursement will be mailed to the purchaser at the purchaser's address, unless the purchaser authorizes reimbursement to the student beneficiary directly by signing below.

Signature of Purchaser   **Printed name of Purchaser**   **Date**
(This signature authorizes reimbursement directly to the student beneficiary named above)

Please *print* address to send remittance to:

Address_____

Address_____

City_____ **State**_____ **Zip Code**_____

Contact Number (_____)_____

Return To:

Guaranteed Education Tuition Program
Attention: Reimbursement
P.O. Box 43450
Olympia, WA 98504-3450

For questions about this form contact: 1-800-955-2318